

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2	1						52								
3		2					53								
4		2					54								
5		2					55								
6		2					56								
7		2					57								
8	1						58								
9		1					59								
10		1					60								
11		1					61								
12		1					62								
13		1					63								
14		3					64								
15		3					65								
16	1						66								
17		4					67								
18		4					68								
19		4					69								
20	1						70								
21	1						71								
22	1						72								
23		3					73								
24		1					74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31	1						81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	8						TOTAL IND.								
TOTAL DEP.	51						TOTAL DEP.								
TOTAL CLAIMS	59						TOTAL CLAIMS								